JUN S		5 11:21AM LA				Mail Stop ISSUI Commissioner fo	NO. 8261 EFEE or Patents	P. 2/3	
> .	and the second s				P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (703) 746-4000 IE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed whe ders and notification of maintenance fees will be mailed to the current correspondence address; specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for Note: A certificate of mailing can only be used for domestic mailings of the second correspondence.				
ap inc	propriate. All further or dicated unless corrected aintenance fee notification	orm should be used for tra orrespondence including the below or directed otherwise ons.	nsmitting the ISSU Patent, advance of the in Block 1, by (a	JE FEE and rders and not a) specifying	PUBLIC tification a new co	ATION FEE (if requof maintenance fees of mespondence address	ired). Blocks I through 5 s will be mailed to the current ; and/or (b) indicating a sep	hould be completed whe correspondence address trate "FEE ADDRESS"	
	CURRENT CORRESPONDEN	or any change of address)			Note: A certificate of Fee(s) Transmittal. The papers. Each addition have its own certificat	mailing can only be used fi is certificate cannot be used al paper, such as an assignme of mailing or transmission.	or domestic mailings of a for any other accompanyi ent or formal drawing, m		
5/28/2	Baxter Healthcar P.O. Box 15210 Irvine, CA 92614 2005 HDEMESS2 0000	-	28	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Unit States Postal Service with sufficient postage for first class mail in an envelor addressed to the Mail Stop ISSUE FEE address above, or being facsimitansmitted to the USPTO (703) 746-4000, on the date indicated below.					
FC:1						Mary Stick		(Depositor's nam	
	FC:1504 300.00 DA				Mary Stickle		tickle_	(Signatus	
						June 27, 20	005	(Dat	
	APPLICATION NO. FILING DATE		FIRST NAME	D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
	09/833,328	04/12/2001			Laemmk		R-247.00CIP	3484	
	APPLN, TYPE	SMALL ENTITY	ISSUE F	ISSUE FEE		BLICATION FBE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	NO	\$1400			\$300	\$1700	07/08/2005	
Г	EXAMINER		ART UNIT		CL	ASS-SUBCLASS	1		
	WALICKA, MALGORZATA A 1652					435-226000	,		
 	R 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been frecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							ocument has been filed f	
((A) NAME OF ASSIGNEE (B				B) RESIDENCE: (CITY and STATE OR COUNTRY)				
	Baxter Aktiengesellschaft Vienna, Austria								
	ease check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4b. Payment of Fee(s):								
	The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.								
ţ	Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.					
Ļ	Advance Order - # of Copies				ctor is he	reby authorized by cluber 02-1440	narge the required fee(s), or (enclose an extra co	credit any overpayment, (
	Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
							paid issue fee to the applicated attorney or agent; or the		
Ā	Authorized Signature	full c.	My			Date	June 27, 2005		
	Typed or printed name		1ffer	-			No. 30,215		
This an a subr	s collection of informatic pplication. Confidential mitting the completed ap	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C oplication form to the USPT is for reducing this burden, st inia 22313-1450. DO NOT 1450.	11. The information 122 and 37 CFR I O. Time will vary	is required to .14. This coll depending up	o obtain o lection is on the in	or retain a benefit by the estimated to take 12 m dividual case. Any con	ne public which is to file (and ninutes to complete, including mments on the amount of tin	by the USPTO to process gathering, preparing, an e you require to complet	

PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Re:

Facsimile Cover Sheet



To: Mail Stop Issue Fee

Company: USPTO

Phone:

Fax: (703) 746-4000

From: Mary Stickle

Legal Assistant

Company: Baxter Healthcare Corp.

P. O. Box 15210

Irvine, CA 92623-5210

Phone: (

(949) 474-6450

Fax:

(949) 474-6330

Date:

June 27, 2005

Pages including this cover page:

Form PTOL-85, Part B – Fee Transmittal (in duplicate) for

U.S. Serial No. 09/833,328 filed 04/12/2001

Baxter Docket No. R-247.00CIP

Certificate of Facsimile Transmission

I hereby certify that the above-identified document is being transmitted (in duplicate) by facsimile to: Fax No. (703) 746-4000 – Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on **June 27, 2005**.

By Mary Stickle
Mary Stickle

This message is intended only for the use of the addressee, and may contain information that is privileged and confidential under applicable law. If the reader is other than the intended recipient, or employee of the same, you are hereby notified that any dissemination, distribution or copying of this document is prohibited. If you have received this facsimile in error please notify the sender immediately for instructions on disposal of this document. Thank you.